

Docket No.  
**WSTR-0014C**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/634,574	August 5, 2003	Anne L. Holleran	26259	1643	1505

COMMISSIONER FOR PATENTS:

The fee for the amendment and extension of time has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	1 -	20 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x \$105.00	\$0.00
FEE FOR AMENDMENT					\$0.00
FEE FOR EXTENSION OF TIME					\$60.00
TOTAL FEE FOR AMENDMENT AND EXTENSION OF TIME					\$60.00

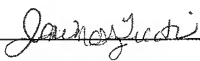
**COMBINED AMENDMENT & PETITION FOR EXTENSION OF  
TIME UNDER 37 CFR 1.136(a) (Small Entity)**

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The fee for the amendment and extension of time is to be paid as follows:

- ☐ A check in the amount of \_\_\_\_\_ for the amendment and extension of time is enclosed.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-1619**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. **50-1619**
- ☒ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**



*Signature*

Dated: September 15, 2008

**Jane Massey Licata  
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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

\_\_\_\_\_  
(Date)

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*Signature of Person Mailing Correspondence*

\_\_\_\_\_  
*Typed or Printed Name of Person Mailing Correspondence*

CC: